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# Urban District of Tettenhall

(STAFFORDSHIRE)



## ANNUAL REPORT

*of the*

## Medical Officer of Health

*for 1959*



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(STAFFORDSHIRE)

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Medical Officer of Health

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**TETTENHALL URBAN DISTRICT COUNCIL**

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**PUBLIC HEALTH COMMITTEE.**

*Chairman :*

Councillor E. G. L. Pearce, C.C.

Councillor F. C. Hill, J.P.  
(Chairman of the Council).

„ Mrs. E. Bate.

„ S. O. Morton.

„ G. H. Poole.

„ R. R. Wilson.

**PUBLIC HEALTH OFFICERS**  
**of the**  
**LOCAL AUTHORITY**

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*Medical Officer of Health :*

F. B. MACKENZIE, D.S.O., M.C., M.A., M.B., Ch.B., D.P.H.  
(Acting).

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*Public Health Inspector :*

E. BARNES, M.A.P.H.I.

*Pupil Public Health Inspector :*

G. I. HYSLOP.

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*Clerical :*

Miss V. M. J. WILLIAMS.

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*Official Address and Telephone No. of the Medical Officer of Health :*

Council Offices, Upper Green, Tettenhall, Staffs.  
Wolverhampton 52081-2-3.

*Private Telephone No. : Wombourne 2392.*



**STATISCAL SUMMARY, 1959.**

Area : 2,503 acres.

Population : 13,460. (Estimated mid-year, 1959).

Number of Domestic properties : 4,394.

Sum represented by a Penny Rate : £699.

Rateable value : £173,900.

General Rate : 19/-.

Birth Rate : 15.60. England and Wales : 16.5.

Death Rate : 9.01. England and Wales : 11.6.

Infantile Death Rate per 1,000 births : 4.76. England and  
Wales : 22.0.

Deaths from Respiratory Tuberculosis—Rate : Nil.

Deaths from other forms of Tuberculosis—Rate : 0.74.

**REPORT OF THE MEDICAL OFFICER OF HEALTH  
FOR 1959.**

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**To the Chairman and Members of the  
Tettenhall Urban District Council.**

Mr. Chairman, Lady and Gentlemen,

As Acting Medical Officer of Health I have the honour to submit my Annual Report for 1959 incorporating the Report of your Public Health Inspector.

The Report is in accordance with the requirements of Ministry of Health Circular 1/60 and follows the same general lines as last year with appropriate observations in relation to the public health of the district.

In the early part of the year much time and attention was given to submitting answers to the Local Government Boundaries Commission Questionnaire in relation to the District's Health Services. In giving those answers it was submitted that Tettenhall preserves the unity of a compact community life and that in the event of being absorbed by Wolverhampton it would be easy for the individual inhabitant to become lost. By remaining as it is, where civic spirit is strong, the individual can still feel himself an individual.

The outstanding work during the year in the interest of the public health has been the progress in the construction of the new Sewage Works.

Representation of old and sub-standard houses for Demolition or Clearance Areas has also figured strongly.

The provision of a new burial ground, known as The Danescourt Cemetery, under the jurisdiction of Tettenhall, Wrottesley and Codsall Joint Cemetery Board was consecrated on the 9th October, 1959, and became operative on the 26th October.

It is fitting that an Annual Report besides being informative as to vital statistics and the public health measures operative in

your district, should also be informative on subjects of interest at the moment in the field of preventive medicine and to which your Health Committee has given thought and consideration in the course of the year. I refer to the new Mental Health Act, Radiation Hazards, Fluoridation of Water Supplies, Food Hygiene, Smoke Control and Clean Air. On those subjects I make observations in the body of my report under a general public health section of same.

During the year under review the health of your urban district has been on the whole satisfactory.

There has been an increase in the number of notified cases of Acute Pneumonia and Scarlet Fever, 20 of Pneumonia as against 13, and 12 of Scarlet Fever as against 9 last year ; but contrary to expectation measles did not conform to its customary marked biennial incidence, there being only an increase of 14 on last year's number of 133.

There were no deaths from Pulmonary Tuberculosis and this is consistent with the continued and marked fall in tuberculosis deaths in the country as a whole. Early detection and the efficacy of chemotherapy have contributed much to this ; but on the other hand the incidence and notification of pulmonary tuberculosis shows little or no diminution from year to year, and in respect of this year 5 new cases have been notified in the district, an increase of 2 on last year. Further observations on this subject are made in the section of the report that deals with tuberculosis.

The predominating causes of adult death continue to be heart disease, cancer, intracranial and vascular lesions, and bronchitis.

Cancer of lung and bronchus were 5 as against 3 last year ; and Cancer all forms 21 as against 14.

The sex distribution of above causes of death is given in the relevant Table of the Report.

Birth and death rates for the district and the country as a whole are given in Tables on other pages of the Report.

The number of births exceeded the number of deaths by 87.

In respect of infantile mortality the rate was 4.76 as against 22.0 per 1,000 live births for the country as a whole. This rate of



4.76 is based on only 1 actual infant death this year, the same as last year. As was pointed out last year, it is preferable when making comparisons from year to year in a small community such as Tettenhall to base comparisons on actual number of deaths rather than rates, otherwise one tends to get a distorted picture in respect of infantile mortality.

No maternal deaths were recorded during the year. This continues to reflect credit on the midwifery of the district and emphasises the value of ante-natal supervision.

Advances in surgical technique and recent antibiotic discoveries in medicine have brought both of those fields very much into the limelight, and rightly too, because it is the curative aspect that appeals to the sufferer. But that does not by one iota detract from the importance of preventive medicine, so many ailments and diseases being avoidable. Individuals can do a great deal for themselves in the way of avoiding disease or protecting themselves from it.

It is therefore from this point of view that I welcome the help the Central Council for Health Education is giving in the direction of promoting the maintenance of health by the extensive range of posters bearing on health and the ravages wrought by germs of disease, which they issue in return for your annual subscription.

Posters of Health interest and posters relating to Prevention of Accidents are received from time to time. In the absence of a suitable board or frame, positioned at the road entrance to the Clinic and the Public Health Office, the fullest advantage cannot be made of those Posters with a view to bringing them to the notice of the passing public.

The only places available for their display are the Library, the Institute and Clinic interiors ; and such places only reach a limited public.

Consideration might therefore be given with advantage to the positioning of a suitable board or frame for the display of Health Education and Prevention of Accidents Posters.

As a further step in the care of the elderly, consideration is now being given to the setting up of a chiropody service, a very essential one. The Local Health Authority, i.e., the County,

has powers under Section 28 (i) of the N.H.S. Act to establish such a service and has signified its intention to do so.

Standards of hygiene and measures for the protection of food supplies have received the close attention of your Public Health Inspector throughout the year and this is as it should be as the public health service is essentially a preventive one and communities owe much to the vigilance of public health inspectors to ensure the wholesomeness of their food supplies.

In respect of the general sanitary conditions of the district they are on the whole satisfactory.

As in my report of last year, I am again constrained to make observations on the allocation of houses.

Overcrowded households continue to give me much concern and the personal appeals of some of the applicants for rehousing put me in a most uncomfortable and unenviable position as Medical Officer of Health when I have to tell them I am doing all I can for them and there are no houses available.

As I have already said before, length in time of application should not take precedence or priority over urgent cases recommended for rehousing on grounds of overcrowding and other living conditions adverse to health.

At the same time it must be admitted that in some cases the applicants themselves have led up to the adverse living conditions of which they now complain.

It is so easy to get married and then go to live with parents, and in these days of difficulty in finding accommodation they cannot be blamed. Eventually the inevitable happens—the arrival of a baby and if there long enough another, and the result—overcrowding and household disharmony.

I quite appreciate the difficulties of your Housing Committee in dealing with urgent cases that arise, but surely some solution to the problem can be found.

Cannot approach be made to the Ministry of Housing with a view to obtaining subsidy for an approved limited number of houses for General Housing needs as the situation may demand from time to time. This problem for local authorities must be arising everywhere.

The Area Welfare Officer, Mr. R. C. Cox continues to give me valuable support in visiting those aged and infirm people whom I bring to his notice from time to time with a view to ameliorating their living conditions or offering them hostel or institutinal accommodation.

Nursing assistance and the provision of medical comforts, as distinct from Home and Domestic Help provided by the Area Committee, have been given steadily throughout the year by the local detachment of the British Red Cross and too great appreciation and thanks cannot be accorded for the great and admirable services which the Commandant, Mrs. Walker and her Detachment are rendering to your community.

I refer further to the activities of the British Red Cross in a supplementary report.

At the same time one must be mindful of the valuable and indispensable services given by the District Nurses in alleviating sickness and making illness tolerable. To them appreciation is also extended.

I convey my thanks to the Chairman and Members of your Health Committee for their support throughout the year and commend their watchfulness as to the sanitary conditions of your urban district.

As much ill-health can result from unsatisfactory and adverse housing conditions I am also appreciative of the consideration given by your Housing Committee to cases I have referred to them on medical grounds.

I thank the local medical practitioners for their continued co-operation in giving me notice of infectious diseases.

I record my appreciation of the efficient services of your Public Health Inspector throughout the year.

I am glad to have this yearly opportunity of thanking your Clerk for advice on points which have arisen from time to time. I am also indebted to your Surveyor for his co-operation, and to all other colleagues administrative and clerical.

I have the honour to be,

Your obedient Servant,

F. B. MACKENZIE,

*Acting Medical Officer of Health.*

September, 1960.



## **GENERAL PROVISIONS OF HEALTH SERVICES IN THE AREA.**

The Medical Officer of Health holds office in virtue of a joint appointment by the Sedgley Urban District Council, the Tettenhal District Council and the Staffordshire County Council on a time distribution basis of 5/11ths, 2/11ths and 4/11ths respectively.

As Medical Officer of Health of the Urban District his duties are those laid down under the various Public Health Acts and Regulations, in short to inform himself of all matters likely to affect the health of the Urban District and to advise the Council in such matters and to make an Annual Report on the work of the Public Health Department and the health of the district.

As Assistant County Medical Officer he undertakes such School Medical Inspections, Minor Ailment School Clinics, Immunisation Sessions and Maternity and Child Welfare Clinics in the Urban District as may be directed by the County Authority.

The Public Health Inspector is a full time appointment by the District Authority. He is a qualified Meat and Food Inspector. Under the general direction of the Medical Officer of Health he performs all the duties imposed on a public health inspector by statute and by any orders, regulations or directions from time to time made or given by the Minister, and by any byelaws or instructions of the local authority applicable to his office.

Public Health and Sanitary matters are brought forward in the Public Health Committee, while Housing and Rehousing matters are dealt with by the Housing Committee. These two Committees meet once monthly.

There are two Health Visitors, three Midwives and two General Nurses for the District, all under the direction of the County Council.

In accordance with Part III of the National Health Service Act the following services are provided by the Local Health Authority, namely the County Council, the organisation and administration being in the hands of the County Medical Officer of Health.

(a) Health Centres.

(b) Care of Mothers and Young Children.



- (c) Midwifery.
- (d) Health Visiting.
- (e) Home Nursing.
- (f) Vaccination and Immunisation.
- (g) Ambulance Services.
- (h) Prevention of Illness, care and after care.
- (i) Domestic Help.
- (j) Mental Health Services.

With the exception of Provision of Health Centres, all the required services are being provided within the area.

There will probably be some delegation of Part III functions and other powers to the district authority in the near future.

### **School Health Services.**

The Medical Inspection of School Children is provided by the County Council who have also established Ophthalmic, Dental and Orthopaedic Clinics. The various age groups are examined periodically and from the School Inspections referred to these Clinics or to the General Practitioner if so required.

In cases of Infectious Disease, and if deemed necessary, special steps are taken in conjunction with the School Authorities to exclude scholars who have been in contact with such disease. Protective measures and isolation are furthermore under the direction of the Health Department.

The School, Dental, Ear, Nose and Throat, and Eye Clinics provided in the Urban District are given in a separate table together with sessions for Speech Therapy and Physiotherapy.

### **Maternity and Child Welfare.**

The Staffordshire County Council maintains an Ante-Natal and Child Welfare Clinic at Tettenhall and Child Welfare Clinics at Tettenhall Wood and Castlecroft.

The Regional Hospital Board provides in addition for Maternity cases in New Cross Hospital, Wolverhampton. The Beeches Maternity Home in Wolverhampton is also available by arrangement. Cases wishing to remain at home are delivered by the County Midwives who can call on the obstetric assistance of a General Practitioner if required.

The Staffordshire County Council also provides for the care and treatment of deformed, mentally sub-normal and handicapped children. These cases are selected from School Medical Inspections and Child Welfare Clinics or referred by General Practitioners. Illegitimate, Homeless and Neglected Children are provided for in Nurseries, Children's Homes and Remand Homes of the County.

### **National Assistance Act, 1948.**

Since the passing of this Act the former Public Assistance Services ceased and were taken over by the National Assistance Board under the Ministry of National Insurance. The functions of the Relieving Officers have therefore been discontinued and replaced by the Officers of the National Assistance Board. The National Assistance Board holds no office in the Tettenhall Urban District.

As under the National Health Insurance everyone is now medically insured, the medical supervision and treatment of necessitous cases has become the responsibility of the Medical Practitioners and the Regional Hospital Board. Other classes of necessitous cases, such as homeless, abandoned or neglected individuals are the responsibility of the County Welfare Authorities.

### **Hospitals.**

Administration of Hospitals and Specialist Services is the responsibility of the Birmingham Regional Hospital Board.

The Hospitals and Specialist departments serving the district and easily accessible, are those of Wolverhampton, Dudley and Birmingham.

Hospital treatment for cases suffering from Infectious Disease and in need of such treatment is provided in Moxley Hospital.

## **Tuberculosis.**

Institutions are maintained by the Regional Hospital Board for the treatment of persons suffering from Tuberculosis. The visiting of Tuberculosis patients in relation to their care and after care is under the administration of the County Council. Chest Clinics are situated at Dudley and Wolverhampton and several Sanatoria are available.

## **Laboratory Facilities.**

Pathological and Bacteriological examinations are made by the Public Health Laboratory Service in Stafford.

## **Clinics and Treatment Centres.**

### **Tettenhall Welfare Centre, Upper Green.**

Infant Welfare Centre	Thursdays fortnightly 2 p.m. to 5 p.m.
Ante-Natal Clinic	Thursdays fortnightly 9 a.m. to 12 noon.
Relaxation Classes	Wednesdays weekly 2 p.m. and 3 p.m. (Two sessions).
School Clinic	Thursdays fortnightly 9 a.m. to 12 noon.
Dental Clinic	Friday afternoons (by appointment).
Speech Therapy	Monday afternoon.
Physiotherapy	Monday morning and Tuesday afternoon.
Eye Clinic	Wednesday morning weekly.

### **Tettenhall Wood, The Institute.**

Infant Welfare Centre	Thursdays fortnightly 2 p.m. to 5 p.m. Alternating with Infant Welfare Centre at Tettenhall.
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**Castlecroft.**

Infant Welfare Centre      Wednesdays fortnightly 2 p.m. to 5 p.m.

Times and days of Clinics are of course liable to alteration from year to year.

Area Welfare Officer :      Mr. R. C. Cox, 6A, Birch Street, Wolverhampton.

Child Welfare Officer :      Miss White, 153, Tettenhall Road, Wolverhampton.

Social Worker :              Miss Burd, Old Police Buildings, Dudley.

**Old People's Clubs.****Lower Tettenhall.**

*In Charge.*

“ Welcome Club.”              Mr. G. H. Humphries, “ Sunnyside,” Lower Street, Tettenhall.

**Compton.**

“ Remember Me Club.”      Mrs. I. M. Davies, 175, Bridgnorth Road, Compton.

**Tettenhall Wood.**

“ Forget-me-not-Club ”      Mrs. W. F. MacNamara, 69, Mount Road, Tettenhall Wood.

**Upper Tettenhall.**

“ Tettenhall O.P. Club.”      Mrs. P. Dumbell, “ The Gables,” Wood Road, Tettenhall.

**Finchfield.**

“ Windmill O.P. Club.”      Mrs. E. G. L. Pearce, 79, Windmill Lane, Wightwick.

**National Assistance Acts, 1948 and 1951.**

It was not found necessary to exercise powers under Section 47 of the Act which deals with the care of the aged and infirm persons incapable of looking after themselves.



**Domestic Help Service.**

The number of Domestic Helps who gave service in the Urban District during the year was 7. The number of Neighbourly Helps employed was 3.

**Ambulances.**

The Ambulance services are operated by the County Council. An Ambulance is stationed in Tettenhall from 8 a.m. until 5 p.m. Monday to Friday, and from 8 a.m. to 12 noon on Saturdays. After these times the service is given from Tipton. The movement of all sitting and stretcher cases is controlled by Tipton Station (Telephone number Birch Street, Tipton 3121-2-3). Radio is fitted to approximately 75% of the vehicles and intercommunication and contact is operated through Tipton. This should contribute to the speeding up of the service.

The movement of Infectious Diseases, with the exception of Smallpox, is also dealt with through Tipton.

**Mortuary.**

The number admitted to the mortuary during the year was 28.

**VITAL STATISTICS.**

					<i>M.</i>	<i>F.</i>	<i>Total.</i>
<b>Live Births</b>	..	..	..	..	102	108	210
Legitimate	..	..	..	..	100	105	205
Illegitimate	..	..	..	..	2	3	5
Live Birth Rate per 1,000 population (Crude)	..					..	15.60
Standardised Birth Rate		..	..	..		..	13.57
Illegitimate live births per cent of total live births						..	2.38
<b>Still Births</b>	..	..	..	..	..	..	3.
Still-birth Rate per 1,000 Live and Still-births						..	14.08
Total Live and still-births		..	..	..		..	213.
<b>Infant Deaths</b>	..	..	..	..	..	..	1.
Infant Mortality Rate per 1,000 live births					..	..	4.76
Legitimate Infant Mortality Rate per 1,000 legitimate live births	..	..	..	..	..	..	4.88
Illegitimate Infant Mortality Rate per 1,000 illegitimate live births	..	..	..	..	..	..	Nil
Neo-natal (first four weeks) Mortality Rate per 1,000 live births	..	..	..	..	..	..	4.76
Early Neo-natal Mortality Rate (deaths under one week) per thousand live births				..	..	..	Nil
Perinatal Mortality (still-births and deaths under one week combined) per thousand total live and still-births	..	..	..	..	..	..	14.08
<b>Maternal Deaths</b> (including abortion)	..			..	..	..	Nil
Maternal Mortality Rate per 1,000 live and still-births							Nil
					<i>M.</i>	<i>F.</i>	<i>Total.</i>
<b>Deaths</b>	..	..	..	..	61	62	123
Death Rate (Crude)		..	..	..	..	..	9.01
Standardised Death Rate			..	..	..	..	11.44
Deaths from Cancer (all ages)	..		..	..	..	..	21
Deaths from Measles (all ages)	..		..	..	..	..	Nil
Deaths from Whooping Cough (all ages)				..	..	..	Nil
Deaths from Gastritis, Enteritis and Diarrhoea						..	Nil

## CAUSES OF DEATH DURING THE YEAR 1959.

						<i>M.</i>	<i>F.</i>
1.	Tuberculosis, Respiratory	..	..	..	..	—	—
2.	Tuberculosis, Other	..	..	..	..	—	1
3.	Syphilitic Disease..	..	..	..	..	—	—
4.	Diphtheria..	..	..	..	..	—	—
5.	Whooping Cough	..	..	..	..	—	—
6.	Meningococcal Infections	..	..	..	..	—	—
7.	Acute Poliomyelitis	..	..	..	..	—	—
8.	Measles	..	..	..	..	—	—
9.	Other Infective and Parasitic Diseases	..	..	..	..	—	—
10.	Malignant Neoplasm, Stomach	..	..	..	..	2	1
11.	Malignant Neoplasm, Bronchus..	..	..	..	..	5	—
12.	Malignant Neoplasm, Breast	..	..	..	..	—	3
13.	Malignant Neoplasm, Uterus	..	..	..	..	—	1
14.	Other Malignant and Lymphatic Neoplasms	..	..	..	..	6	3
15.	Leukaemia, Aleukaemia	..	..	..	..	—	—
16.	Diabetes	..	..	..	..	—	1
17.	Vascular Lesions of Nervous System	..	..	..	..	6	11
18.	Coronary Disease, Angina	..	..	..	..	13	6
19.	Hypertension, with Heart Disease	..	..	..	..	—	2
20.	Other Heart Disease	..	..	..	..	6	9
21.	Other Circulatory Disease	..	..	..	..	1	2
22.	Influenza	..	..	..	..	2	—
23.	Pneumonia	..	..	..	..	4	4
24.	Bronchitis	..	..	..	..	7	3
25.	Other Diseases of Respiratory System	..	..	..	..	—	1
26.	Ulcer of Stomach and Duodenum	..	..	..	..	1	—
27.	Gastritis, Enteritis and Diarrhoea	..	..	..	..	—	—
28.	Nephritis and Nephrosis	..	..	..	..	—	—
29.	Hyperplasia of Prostate	..	..	..	..	2	—
30.	Pregnancy, Childbirth, Abortion	..	..	..	..	—	—
31.	Congenital Malformations	..	..	..	..	—	1
32.	Other Defined and Ill-Defined Diseases	..	..	..	..	3	7
33.	Motor Vehicle Accidents	..	..	..	..	2	1
34.	All Other Accidents	..	..	..	..	—	5
35.	Suicide	..	..	..	..	1	—
36.	Homicide and Operations of War	..	..	..	..	—	—
All Causes						61	62

**BIRTH RATES.**

Year.	TETTENHALL			England and Wales Birth Rate.
	Number of Births.	BIRTH RATE		
		Crude.	Standardised.	
1950	122	14.3	—	15.8
1951	130	16.6	—	15.5
1952	130	16.4	—	15.3
1953	165	17.4	—	15.5
1954	184	18.3	—	15.2
1955	164	15.2	—	15.0
1956	218	19.1	—	15.7
1957	207	16.79	—	16.1
1958	219	16.95	15.08	16.4
1959	210	15.60	13.57	16.5

**DEATH RATES.**

Year.	TETTENHALL.			England and Wales Death Rate.
	Number of Deaths.	DEATH RATE.		
		Crude.	Standardised.	
1950	99	12.6	10.9	11.6
1951	136	17.3	14.8	12.5
1952	86	10.8	9.3	11.3
1953	78	8.2	—	11.4
1954	117	11.6	—	11.3
1955	130	12.1	—	11.7
1956	114	9.9	—	11.7
1957	129	10.46	—	11.5
1958	109	8.44	10.13	11.7
1959	123	9.01	11.44	11.6



### INFANTILE MORTALITY, 1959.

Nett deaths from causes stated at various ages under one year of age.

Cause of Death.	Under 1 week.	1 to 2 weeks.	2 to 3 weeks.	3 to 4 weeks.	Total under one month.	1 to 3 months.	3 to 6 months.	6 to 9 months.	9 to 12 months.	Total Deaths under one year.
Spina Bifida ..	—	1	—	—	1	—	—	—	—	1
Totals .. ..	—	1	—	—	1	—	—	—	—	1

### INFANTILE MORTALITY RATES.

Year.	TETTENHALL.			England and Wales Rate per 1,000 births.
	Births.	Deaths.	Rate per 1,000 births.	
1950	112	5	44.6	29.8
1951	130	4	30.7	29.6
1952	130	6	46.1	27.6
1953	165	2	12.1	26.8
1954	184	6	32.6	25.5
1955	164	4	24.4	24.9
1956	218	5	22.94	23.8
1957	207	4	19.32	23.0
1958	219	1	4.57	22.5
1959	210	1	4.76	22.0

## **THE PREVALENCE OF AND CONTROL OVER INFECTIOUS AND OTHER DISEASES.**

The total number of notified cases of infectious disease was 213 as against 160 last year, exclusive of Tuberculosis.

### **Measles.**

177 cases were notified as against 133 last year.

### **Scarlet Fever.**

12 cases were notified as against 9 last year.

### **Whooping Cough.**

1 case was notified as against 2 last year.

### **Acute Pneumonia.**

20 cases were notified as against 13 last year. One case was admitted to hospital.

### **Erysipelas.**

1 case was notified.

### **Salmonella Infection.**

This was an isolated case in a boy of 6 years of age. Onset 26th August, 1959. Admitted to hospital 1st September, 1959.

He had been on holiday in Rhyl from 17th August to 24th August. Appropriate enquiry was made to the Public Health Department, Rhyl, and the information given was that there had been no notifications of Salmonella Typhimurium or any other Food Poisoning during the period mentioned.

No other case occurred in the family.

The infection was therefore one of unknown origin.

**Dysentery (Sonne).**

This was an isolated case in a woman, 36 years of age. She was admitted to Parkfields Isolation Hospital from the Women's Hospital, Wolverhampton, on 28th July, 1959.

She ~~d~~ had been in indifferent health for some time.

**Cases Admitted to Hospital.**

During the year 7 cases were admitted to hospital as follows :—

**CHESHIRE JOINT SANATORIUM—**

Non-Pulmonary Tuberculosis	..	..	..	1
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**MOXLEY HOSPITAL—**

Pneumonia	..	..	..	..	..	..	1
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**PARKFIELDS HOSPITAL—**

Sonne Dysentery	..	..	..	..	..	1
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**PRESTWOOD SANATORIUM—**

Pulmonary Tuberculosis	..	..	..	..	3
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**ROYAL HOSPITAL—**

Salmonella Infection	..	..	..	..	1
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**Swabs and Specimens.**

Submitted to the Public Health Laboratory :—

Sputa Swabs	..	..	..	..	..	..	9
Cultures for Myco-Tuberculosis	..	..	..	..	3		
Faeces	..	..	..	..	..	..	1

**Smallpox.**

Cases of suspected Small-pox are notified to the Small-pox Consultant in cases of doubt, who then takes further charge of the disposal of the case. Local protective and preventive measures are under the direction of the Health Department.

### General Measures.

School Notifications of Infectious Disease are received by the Health Department and carefully studied for any features necessitating prompt action.

When desirable the schools are disinfected and terminal disinfection of premises and articles in affected households which have been exposed to infection carried out in all cases.

### Vaccination and Immunisation.

The County Council does not provide for a Vaccination Centre in Tettenhall, but arrangements can be made with the Medical Practitioners by those who wish themselves or their children vaccinated.

Immunisation against Diphtheria and Whooping Cough and Poliomyelitis Vaccination are undertaken in the Child Welfare and School Clinics, while special Immunisation Session in Schools provide for an increase in the immunity of the child population. The administration of Poliomyelitis Vaccination is in the hands of the Area Office at Brierley Hill.

With the advent of Poliomyelitis vaccine, and being in good supply, immunisation sessions have been held in all the schools in the area and at the Clinics in the course of the year.

We have continued to avail ourselves of the opportunity given by the Central Council of Information to place advertisements in the Local Press in order to stimulate Diphtheria Immunisation.

The following information has been supplied by the Brierley Hill Area Health Office :—

### Small-pox.

Vaccinations performed during 1959 :—

Number vaccinated	..	under 1 year	..	..	109
„	„	1 to 4 years	..	..	2
„	„	5 to 14 years	..	..	—
„	„	Over 15 years	..	..	2
					—
					113
					—



Number re-vaccinated	5 to 14 years	..	..	2
„	Over 15 years	..	..	9
				<hr/> 11 <hr/>

### **Diphtheria—Immunisation.**

Children of school age who completed the full course of injections at 31st December, 1959, i.e., children born 1945—1954 inclusive	..	..	..	..	1,967
Children under 5 years at 31st December, 1959, immunised	..	..	..	..	597
Total number of children who have received primary immunisation during 1959	..	..	..	..	168
Numbers who have had a reinforcing injection during 1959	..	..	..	..	99

### **Whooping-Cough.**

Number of children immunised during the year ended 31st December, 1959.

Under 5 years of age	..	..	..	..	93
From 5 to 14 years	..	..	..	..	1
					<hr/> 94 <hr/>

### **Poliomyelitis.**

The information given here is in respect of the whole area covered by the Brierley Hill Area Health Committee.

Approximately 70% of children aged 8 months to 15 years were immunised during 1959.

### **Ministry of Health observations.** (From Publication—"The Medical Officer" February, 1960.)

"For children (1943—1959 age group) the acceptance rate for the Country as a whole was 75%.

The provisional number of cases of paralytic poliomyelitis in 1959 fell below 1,000 for the first time for 13 years. The total was 914.

The provisional number of both paralytic and non-paralytic cases was 1,345, which was the lowest since 1947. It compared with 2,370 cases in 1958."

I think it can be assumed that the availability and ample provision of Salk vaccine has contributed much to this position.

**AGE-GROUPS AND LOCALITY — DISTRIBUTION OF INFECTIOUS DISEASES.**  
**(EXCLUDING TUBERCULOSIS) NOTIFIED IN 1959.**

DISEASE.	Total all ages.	SEX.		Under one year.	1 to 2 years.	2 to 3 years.	3 to 4 years.	4 to 5 years.	5 to 10 years.	10 to 15 years.	15 to 25 years.	25 to 45 years.	45 to 65 years.	65 and over.	Age unknown.	Tettenhall.	Tettenhall Wood.	Compton.	Wightwick.	Finchfield.	Castlecroft.
		M.	F.																		
Scarlet Fever ..	12	5	7	—	—	—	—	4	6	2	—	—	—	—	—	—	5	1	—	4	2
Whooping Cough..	1	—	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1	—	—	—
Measles ..	177	90	87	6	13	23	25	30	76	2	—	—	—	—	2	81	16	8	2	38	32
Sonne Dysentery..	1	—	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1
Pneumonia ..	20	11	9	—	—	—	—	1	1	3	1	2	5	7	—	9	1	4	2	3	1
Erysipelas..	1	—	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—
Salmonella Infection	1	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1	—
	213	107	106	6	13	23	25	35	85	7	1	3	5	8	2	90	22	15	4	46	36

**TUBERCULOSIS.**

The number of new cases notified during the year was 5 Pulmonary as against 3 Pulmonary in the year 1958 and 1 Non-pulmonary, the same as last year.

Age Periods.			New Cases.				Deaths.			
			Pulmonary.		Non-Pulmonary.		Pulmonary.		Non-Pulmonary.	
			M.	F.	M.	F.	M.	F.	M.	F.
Under 1 year	..		—	—	—	—	—	—	—	—
1— 4 years	..		—	—	—	—	—	—	—	—
5— 9 years	..		—	—	—	—	—	—	—	—
10—14 years	..		—	—	—	1	—	—	—	—
15—19 years	..		1	1	—	—	—	—	—	—
20—24 years	..		1	—	—	—	—	—	—	—
25—35 years	..		—	—	—	—	—	—	—	—
35—44 years	..		—	1	—	—	—	—	—	1
45—65 years	..		—	—	—	—	—	—	—	—
55—64 years	..		—	1	—	—	—	—	—	—
65 and over	..		—	—	—	—	—	—	—	—
Totals	..	..	2	3	—	1	—	—	—	1



**Yearly Figures for Last Decade.**

Year.	New Cases.		Deaths.		Death Rate.	
	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary
1950	2	—	—	1	—	0.12
1951	2	—	3	—	0.38	—
1952	13	—	1	—	0.13	—
1953	15	1	1	—	0.105	—
1954	14	1	2	—	0.199	—
1955	13	1	1	—	0.093	—
1956	15	—	—	—	—	—
1957	7	—	—	—	—	—
1958	3	—	—	1	—	.077
1959	5	1	—	1	—	.074

**TUBERCULOSIS REGISTER.**

At the end of the year 1959 our Register counted 64 cases of Pulmonary and 4 cases of Non-Pulmonary Tuberculosis.

**Pulmonary Cases.**

Number on Register 31st December, 1958	..	..	58
New cases	..	..	5
Inward transfers	..	..	4
			9
Less cases removed from Register			3
Balance to be added to Register	..	..	6
Number on Register at 31st December, 1959	..		64

**Non-Pulmonary Cases.**

Number on Register 31st December, 1958	..	..	3
New cases .. .. .	1		
Inward transfers .. .. .	—		
Less cases removed from Register	—		
Balance to be added to Register .. .. .		1	
		—	
Number on Register 31st December, 1959		..	4
		—	

**General Remarks.**

Mass radiography contributes to the detecting of asymptomatic cases—that is to say, those who do not consider themselves ill enough to attend their doctor. The pressing advice of health visitors to household contacts to avail themselves of X-ray facilities also helps to discover unsuspected cases, and so reveal latent pools of infection in households from which new cases can result. We must therefore continue to encourage people to avail themselves of mass radiography and individual chest X-ray examination.

It is therefore for those reasons I record my appreciation of the co-operation by the Housing Committee in giving priority to my housing recommendations in respect of Tuberculosis households.

## SANITARY CIRCUMSTANCES OF THE AREA.

### Water Supply.

The Tettenhall Urban District is supplied by the Wolverhampton Corporation Water Undertaking.

I am indebted to Mr. B. L. McMillan, B.Sc., M.Inst.C;E., M.Inst.W.E., Water Engineer and Manager, for the following information :—

- (i) The water supply has been satisfactory in quantity and quality.
- (ii) The following is a summary of the Bacteriological examination of water going into distribution.

No. of Samples taken.	Presumptive Coli-Aerogenes Organisms per 100 ml.			
	0	1—2	3—10	Over 10
918 .. .. .	879	19	13	7
Percentage of samples taken .. .. .	95.7	2.0	1.4	0.8

- (iii) The water supplied is not liable to have plumbo-solvent action.
- (iv) There has been no known contamination of the water supply subsequent to leaving the works.

The population supplied from the mains in the District is 13,454. Of the houses in the district, 4,391 obtain water direct from the mains, and three houses have a well supply. These houses are situated at a considerable distance from the mains and the connection to the Wolverhampton supply has proved to be uneconomical. Samples taken during the year for bacteriological examination proved satisfactory. The results were as follows :—

	Plate Count Yeastrel agar 24 hrs. 37° C. aerobically	Probable No. of coliform bacilli, MacConkey 2 days, 37°C.	Probable No. of Bact. coli (type I).
<b>Well No. 1, Wergs Hall—</b> 27th June, 1959			
Filtered .. ..	Nil	Nil	Nil
Unfiltered .. ..	39	35	Nil
<b>Well No. 2, Dippons Cottage—</b> 27th June, 1959 .. ..	Nil	Nil	Nil
<b>Well No. 3, Perton Mill Farm—</b> 27th June, 1959 .. ..	4	1	Nil

Your Engineer and Surveyor (Mr. J. W. Mason, M.I.Mun.E., M.T.P.I.) has supplied me with the following information :—

### **Sewage Disposal.**

Sewage effluent continued to be disposed at the Council's Sewage Farm at Blackbrook ; every effort was made to deal with it in as satisfactory a manner as the conditions permitted. In July it was reported that the Minister of Housing and Local Government had given approval to the acceptance of the tender of Messrs. T. Vale and Sons of Stourport for the construction of the new sewage disposal works at Perton Mill, Bridgnorth Road, and in September the work was actively commenced. It is anticipated by the Council's Engineers, Messrs. Willcox, Raikes and Marshall, that the time for the completion of the works will be approximately eighteen months.

The Council's sewage pumping stations at the Wergs, Waterdale and Castlecroft were maintained in a satisfactory condition and no major breakdowns occurred during the year.

### **Refuse Collection and Disposal.**

The house refuse has continued to be tipped on the old sand mine at the rear of Wightwick Mill Farm, and due to the expansion of the district and the consequential increase in the quantity of



house refuse it is apparent that investigations for another site must shortly be put in hand. During the year house refuse has been collected on an average of once every nine days. Every effort is being made to improve on this frequency, but due to labour difficulties it has not been possible to do so as yet.

### **Sanitary Inspection.**

The systematic inspection of the district has been carried out in an efficient manner. Details are given in the report of the Health Inspector.

The general pattern of an inspector's work seems to be changing with the years and covering a wider field. The old conception of his work as being mainly taken up with inspecting drains and looking for nuisances, is gone completely. His work is now more specialised and embraces food hygiene, meat inspection, atmospheric pollution and housing in all its aspects. To this must be added the correct interpretation of circulars from the different Ministries, with an ever increasing amount of paper work, writing of reports and returning of completed forms.

### HOUSING.

Your Housing Manager, Mr. Berrisford, has furnished me with the following information :—

The Council own 924 houses of which 86 have been allocated to Wolverhampton Corporation for Overspill. The Overspill target is 300 in the 10 years 1957/1966.

During 1959, 216 Private and 31 Council houses were completed. Of the 31 Council houses 11 went to Wolverhampton Overspill.

The present phase of development on the Grange Estate is nearing completion and considerable progress is being made on the Lower Street Development scheme.

6 Improvement Grants have been made during the year.

At the end of the year there were 315 applicants on the waiting list, made up as follows :—

Childless Couples in Rooms	..	..	..	89
With Children in Rooms	..	..	..	72
Already in Occupation of a House	..	..	..	95
Applicants for Aged Persons Dwellings	..	..	..	59
			—	315

It will be observed that out of 31 Council Houses completed 11 went to Wolverhampton for Overspill, leaving the balance of 20 for the needs of Tettenhall and the great majority of those will go to rehousing of families from houses under Demolition Orders.

What hope is there for the 315 applicants on the waiting list on the grounds of general need when such applicants can only be considered for the tenancy of re-lets or voids in the existing Council houses—little.

I have already made observations on this subject in my opening letter and have suggested a solution.

However, it is possible that this Waiting List of 315 may not be so large, as it has been built up over the years. Many of the applicants may have found accommodation and on that assumption, I understand a postal survey as to the situation is at the moment in progress.

The housing position to date in respect of unfit houses and of progress in Demolition and Clearance Areas are given in greater detail in the report of your Public Health Inspector.

Houses in Clearance Areas and Unfit houses elsewhere, dealt with during the year, 1959 :—

### A. Houses Demolished.

In Clearance Areas.	Houses Demolished.	Displaced during the year.	
		Persons.	Families.
1. Houses unfit for human habitation .. .. .	16	30	7
2. Houses included by reason of bad arrangement, etc. ..	—	—	—
3. Houses on land acquired under Sec. 43 (2) H.A. 1957 ..	—	—	—
<b>Not in Clearance Areas.</b>			
4. As a result of formal or informal procedure under Sec. 17 (1) H.A. 1957 .. .. .	11	17	8
5. Local Authority owned houses certified unfit by the M.O.H.	—	2	1
6. Houses unfit for human habitation where action has been taken under local Acts ..	—	—	—
7. Unfit houses included in Unfitness Orders .. .. .	—	—	—

### B. Unfit Houses Closed.

	Number.	Displaced during the year.	
		Persons.	Families.
8. Under Sections 16(4), 17(1) and 35(1) H.A. 1957 ..	—	—	—
9. Under Sections 17(3) and 26 H.A. 1957 .. .. .	—	—	—
10. Parts of buildings closed under Sec. 18 H.A. 1957 .. .. .	—	—	—

**C. Unfit houses made fit and houses in which defects were remedied.**

	By Owner.	By Local Authority.
11. After informal action by local authority ..	18	—
12. After formal notice under		
(a) Public Health Acts .. .. .	4	—
(b) Sec. 9 and 16 H.A. 1957 .. ..	2	—
13. Under Sec. 24, H.A. 1957 .. .. .	—	—

**D. Unfit houses in temporary use (Housing Act, 1957).**

Position at end of year.	No. of houses. (1)	No. of separate dwellings contained in Col. (1). (2)
14. Retained for temporary accommodation—		
(a) Under Section 48 ..	—	—
(b) Under Section 17(2) ..	—	—
(c) Under Section 46 ..	—	—
15. Licensed for temporary occupation under Sections 34 or 53 .. .. .	—	—

**E. Purchase of houses by Agreement.**

	No. of houses. (1)	No. of occupants of houses in Col. (1) (2)
16. Houses in Clearance Areas other than those included in confirmed Clearance Orders or Compulsory Purchase Orders purchased in the year ..	19	52



## **GENERAL PUBLIC HEALTH.**

### **Mental Health Act, 1959.**

During the year the advent of this Act has given a reorientation and new approach to the treatment of mental ill-health and disorders.

In the treatment of mental disorders the emphasis is to be more on restoring patients to the community than on isolating them for too long a period in hospital.

The day of the large mental hospitals is ending. They will be replaced by the establishment of psychiatric units in association with the existing general hospitals. The stigma of admission to a what was formerly a recognised mental institution will thus be removed.

There will be a two-way approach to the case—the general practitioner recognising early symptoms in his patient and the consultant psychiatrist advising as to appropriate treatment.

On discharge from hospital it will fall upon the Local Health Authority to make provision for such services as after-care hostels, community and domiciliary services, rehabilitation and occupation centres.

As it is the family doctor who first sees the patient and as it is to him it is hoped he or she will eventually return, there will therefore be the need for close consultation, co-ordination and co-operation by the hospital psychiatric unit with the general practitioner all the way—in other words, there must be a linked chain from admission to hospital to discharge to the community.

### **Radiation Hazards.**

As predicted in my report of last year, a memorandum has now been issued by the Ministry of Housing and Local Government for the information of Local Authorities in respect of Government action on Radioactivity. It covers the points I raised in 1958.

The memorandum summarises the action which the various central government agencies concerned with radioactivity have in hand on matters in which local authorities may have a direct or indirect interest.

Apart from natural sources which have always been present—cosmic radiation and the existence of naturally radioactive material in the environment—there have developed a variety of man-made sources from which the public are or might be subject to irradiation.

Ministry regulations are in preparation to cover all open sources of radiation hazards which may arise from radioactive materials used in medical equipment, factories, industry or or research, and from radioactive wastes.

As regards Fall-Out, countrywide and local surveys are now being carried out in respect of milk, water, green vegetables, potatoes and flour and other foods with a view to keeping a close watch on the general level of radioactivity in the national diet.

In respect of the monitoring of food, Sir John Charles, Chief Medical Officer, in an accompanying letter to the memorandum, is of the opinion that levels so far detected are extremely low and need give Medical Officers of Health no concern ; and thus, so long as the present low average levels in relation to fall(out) persist, there can hardly be presumed to exist the possibility of local contamination of food within the meaning of the Food and Drugs Act, such as might justify local monitoring on this account.

### **Fluoridation of Water Supplies.**

I submitted information on this subject in my report for 1958. The adoption of such procedure is still being pursued and considered at all levels. Some action and decision as to the introduction of fluoride to their water supplies by local authorities is envisaged as likely in the near future.

The Ministry has issued no restraining circular or communication as to the adoption by authorities of fluoridation but has accepted the recommendations of the Mission that visited America to study the fluoridation of water supplies as a means of controlling the incidence of dental caries.

The Mission recommended that pilot schemes should first be undertaken in a selected number of communities and those experimental trials are now being carried out in Kilmarnock, Watford and Anglesey.



No report on those schemes has yet been issued as far as I am aware, as to the extent of the benefit to be derived, nor is it surprising that a report has not yet been issued as it is a period of perhaps seven to eight years that will be required to assess the value ; for it is on the condition of children's teeth from birth to eight years of age that the observations will be made.

One will always get people writing letters with the object of initiating controversy and fostering opposition to any contemplated action, and this opposition to fluoridation would appear to be becoming organised. They reject the considered opinion of such bodies as the World Health Organisation, the Medical Research Council and the British Dental Association. The same people would probably oppose or refuse Smallpox Vaccination, Polio Vaccination, Diphtheria Immunisation and other preventive measures now in use. Of course, as to those procedures it is conceded the position is not quite the same. There the individual is given the opportunity of acceptance or refusal. What is objected to in fluoridation is that it is being imposed on them as a mass procedure without reference to acceptance or refusal, a deprivation of personal liberty.

Opposition and antagonism to fluoridation emanate from the adult who is probably no longer interested in his teeth. He has had all he is likely to get and probably lost all he ever had. It is the general good and the improvement in the future dental condition of the rising generation that has to be taken into consideration.

### **Food Hygiene.**

In my report of last year I made observations on the activities of your public health inspector in ensuring compliance with the Food Hygiene Regulations. Throughout the year he has continued to exercise the same vigilance and it is satisfactory to report there have been no cases of food poisoning in the district. Nevertheless it might be informative to give the views and findings which Dr. Cockburn of the Central Public Health Laboratory communicated in a paper to the recent Health Congress on the incidence of food poisoning in England and Wales.

He pointed out that whilst there had been a fall in the number of general outbreaks of food poisoning during the last decade, and whilst family outbreaks have remained at a steady level, sporadic cases (that is, isolated cases unrelated to other cases) have risen.

In regard to the different foods associated with outbreaks he gave the following informative table :—

Associated with meat	..	..	..	..	70%
„ „ sweetmeats	..	..	..	..	8%
„ „ fish	..	..	..	..	7%
„ „ egg and egg products				..	6%
„ „ milk and milk products				..	3%
„ „ vegetables	..	..	..	..	3%
„ „ fruit	..	..	..	..	1%
„ „ other foods	..	..	..	..	1%

He particularly pointed out that processed and made-up foods of any kind were always potentially dangerous. Of associated meat outbreaks 86% were of this description.

Dr. Betty Hobbs, of the Central Public Health Laboratory, in dealing with food hygiene and the prevention of food poisoning stressed the need for more refrigerated storage of cooked foods and heat treatment of all milk. Preventive measures included education and supervision and training of all food handlers in techniques and habits which will avoid transmitting infecting organisms from nose, throat and hand lesions.

### **Smoke Control and Clean Air.**

The Minister of Housing and Local Government, in Circular No. 5/59, issued in January, 1959, has asked that local authorities in black areas should consider their domestic smoke problem as a whole: that they should decide on the smoke control areas that were needed, in what order of priority they should be made, and how many years it was likely to take to finish the job: and that they should prepare a phased programme for establishing smoke control areas over the next five years.

It will be observed that the Minister in the Circular asks that local authorities in *black areas* should consider their domestic smoke problem as a whole. Tettenhall is not a “black area” but is no doubt on the periphery of a black area and it was for that reason that the establishment of one smoke control area in the district was approved in principle last year so that the policy would eventually tie up with schemes envisaged by neighbouring authorities.



The scheme as outlined in last year's report would now appear at the moment to be in abeyance pending further consideration of representation by third party.

The Ministry of Health and the Public Health Laboratory Service directed by the Medical Research Council have issued an informative and instructive review on the subject of Mortality, Fog and Atmospheric Pollution and I take the liberty of conveying to you some abridged extracts pertinent to the Clean Air Act and to any Smoke Control areas you may establish in your urban district.

“ As the clean air programme progresses the various proportions of pollutants should be reduced.”

“ It was once considered that the oxides of sulphur were the most toxic of atmospheric pollutants. Now evidence is accumulating to show that it is the black suspended matter which has the more predominant role.”

“ Occurrence of fog and atmospheric pollution may show coincidental peaks.”

“ Persistent, dense, smoke-polluted fogs are associated with serious increases in mortality.”

In one's enthusiasm to implement the Clean Air Act one should not be carried away with the idea that it is the 'cure-all' for bronchitis and chest complaints.

There are so many other factors involved, such as nature of occupation, type of industry, individual constitutional make-up, familial tendency, home conditions and exposure to pathogenic bacteria, that there is no guarantee that clean air as visualised by the mere absence of smoke will eliminate bronchitis and chest complaints.

But of course it is a different matter when the attack is on 'smog', which is smoke and fog, and the air is heavily loaded with solids in the way of dust particles, soot, and sulphur dioxide and other injurious products of combustion, all of which are irritants and may precipitate chest conditions or accentuate existing chest susceptibility. And therein lies the object of the Clean Air Act to remove the irritants and impurities in the air which arise from combustion as it exists to-day.

## **SUPPLEMENTARY TO REPORT.**

### **Staffordshire 20 (Tettenhall) Detachment British Red Cross Society.**

This Detachment continues to give their valuable services to the district.

In addition to sick nursing and the loan of medical equipment and comforts to invalids, the Detachment also organises Blood Donor Sessions which are held in May and November in Christ Church Hall, The Holloway.

They also furnish Escort services to travelling patients and invalids.

The Cadet Section of the Detachment also gives services to Old People in way of shopping and errands.

During the year Clothing Collections for the Hong-Kong Refugees have also been made.

### **Danescourt Lawn Cemetery.**

I am indebted to Mr. F. Pratt, Superintendent, for the following information.

This Cemetery is the joint project of the Tettenhall Urban District Council and the Seisdon Rural District Council to serve the whole of the urban district and the parishes of Wrottesley and Codsall in the rural district. The Cemetery is situated just off the main Wolverhampton to Holyhead Road (A.41) covering  $19\frac{1}{4}$  acres and is within the West Midlands Green Belt Area. To limit expenditure, approximately  $4\frac{1}{2}$  acres have been developed as the first section. The roads and footpaths are based on a large cruciform. The burial areas are rectangular in shape and have approximately 400 grave spaces in each area.

Trial holes taken on the site indicate that the subsoil is gravelly sand for the first four feet and a marl for a further six feet. No subsoil water was encountered and therefore the soil is considered suitable for burial purposes.

The layout which includes Superintendent's house, office block, waiting room, mess room, public toilets, etc., has been planned and supervised by J. W. Mason, M.I.Mun.E., M.T.P.I.,

Surveyor to the Board and Engineer and Surveyor of Tettenhall Urban District Council.

The Cemetery was consecrated by the Lord Bishop of Stafford, the Rt. Rev. J. Clitheroe, on the 9th October, 1959, and became operative on the 26th October, 1959.

The Board decided to establish a lawn cemetery and to permit recumbent memorials only, which were to be laid at turf level. Numerous designs of plaques were considered by the Board and the design finally approved is a granite tablet 3-ft. x 2-ft. 3-ins. on which a bronze plaque 2-ft. 4-ins. x 1-ft. 7-ins. may be superimposed. Additional designs of recumbent memorials are being prepared to permit a variety of choice.

At the end of the reporting year 1959 the number of interments was 6, and to-date, September, 1960, 41.



## **REPORT OF THE PUBLIC HEALTH INSPECTOR.**

The following pages of this report give some details of the work of the department during 1959. The information given in no way represents the many facets of the work or the advice and service given to various members of the public, tradespeople, workmen and managements. In a small local government unit such as Tettenhall, much personal service is given which is not expected or can be given in the larger authorities. Most of the work and improvements have been achieved by informal and personal approach and with little recourse to the threat of legal proceedings.

To assess the success or otherwise of a year's work is impracticable, the number of visits made being of little or no consequence. One rather sees the lack of success that can be created by poor environmental conditions such as inadequate houses with poor facilities and the consequent drudgery for the housewife and the dissatisfaction among teenagers for their conditions.

To obtain a real picture of improvement in any aspect of the health services it is necessary to look back two or three decades.

The most practical side of the department's work is the elimination of substandard dwellings. It is pleasant to record a little progress in this direction, but a great deal yet remains to be done to raise the housing standards to that envisaged by the Housing Act, by the elimination of all substandard dwellings and the improvement of structurally sound houses with modern amenities, in respect of provision of bathrooms, hot water systems and internal water closets.

During the year the routine work of maintaining and improving the standard of food hygiene in all types of food premises has been maintained. This work requires constant vigilance and supervision. Any good that has been created by better premises and provision of new equipment can easily be undone by lack of personal hygiene and dirty habits of personnel.

In the earlier part of the year a considerable amount of detailed work was completed in preparing the information for a smoke control area in the western part of the district. The introduction of smoke control areas are now fairly common practice. They are not remote futuristic ideas on public health; they are sound practical commonsense measures for preventing pollution of the atmosphere.



**HOUSING.**

Action taken by the Public Health Committee acting for the Council under **Delegated powers** on individual premises, following Official Representation.

" Woodview " Mill Lane	Demolition Order June, 1959.
Wergs Hall Lodge	No further action taken.
Perton Grove Lodge	Decision deferred pending submission of detailed scheme for repair and modernisation.
7, Perton Grove Flat	Closing Order.
1, 2 and 3, Perton Grove Cottages.	Scheme in principle accepted for modernisation and converting the three cottages into two houses.
1, 2 and 3, Wightwick Leys Cottages.	Demolition Order, August, 1959.
17 and 19, Wood Road	Undertaking accepted in lieu of Demolition Order.
21, Yew Tree Lane	Demolition Order, September, 1959.
4, Upper Street (Council property)	Official Representation accepted December, 1959.
1A, Upper Green	Official Representation submitted December, 1959.
10 and 12, Ormes Lane	Official Representation submitted December, 1959.

**Individual Unfit Houses demolished** during the year.

5, Yew Tree Lane.  
1, Henwood Road.  
1, 2, 3 and 4, Perton Grove Cottages.  
43, 45, 47 and 51, Bridgnorth Road.

At the end of the year under review the following properties on which individual orders were operative were still occupied :—

<i>Address.</i>	<i>Date of Order.</i>
2, Upper Street, Tettenhall.	November, 1953.
10, Oak Hill, Finchfield	February, 1955.
69, Lower Street, Tettenhall.	February, 1955.
24, Limes Road, Tettenhall.	September, 1955.
20, Finchfield Road, Finchfield.	October, 1955.
3 and 5, School Road, Tettenhall Wood.	January, 1958.
2, Wightwick Bank, Wightwick.	October, 1958.

56, 58 and 60, Lower Street, Tettenhall.	May, 1959.
"Woodview," Mill Lane, Tettenhall Wood.	July, 1959.
Perton Grove Lodge and 7, Perton Grove Flat, Wightwick.	July, 1959.
17 and 19, Wood Road, Tettenhall Wood.	June, 1959.

Other occupied substandard premises under the control of the Council are 27—39, Upper Street, Tettenhall.

### **Lower Street C.P.O. Confirmed 1956.**

Eight houses still remain occupied in this scheme.

### **Aldersley Road, Clearance Area.**

Official Representation was made in respect of this area in November, 1956, but no progress has been made towards the clearance of the premises.

### **Summary of Action taken on Individual premises since 1946.**

<i>Demolition Orders.</i>	<i>Closing Orders.</i>	<i>Under- takings.</i>	<i>Families rehoused.</i>	<i>Houses demolished.</i>
119	5	22	115	93

Official Representations have also been made on 8 properties owned by the Council.

Official Representations have also been made in respect of 11 properties on which no formal action has been proceeded with under the Housing Act.

### **Overcrowding.**

During the year only 2 cases of overcrowding were reported to the Council for action, one in a house at Compton and the other in a converted barge on the canal at Compton. With regard to the latter I am of the opinion that owing to the strict limitation of the space in the boat for living, sleeping and passageway, the overcrowding can be much more of a health hazard than in a house.

## **Rehousing.**

During the year 16 families were rehoused from various properties.

## **General.**

One Demolition Order was rescinded after the house had been modernised and the necessary repairs completed.

One other scheme for the cancellation of a Demolition Order was rejected.

One of the major unsatisfactory features common to many of the lower rated terrace-properties is the poor and inadequate scullery facilities found in many of the houses. With a view to making a start on the elimination or improvement of these very unpleasant appendages to houses, action was taken at the end of the year on 11 premises. Several factors have to be taken into consideration when considering this problem.

- (1) The houses can usually be classified as unfit by virtue of the poor and inadequate scullery, sanitary and water facilities.
- (2) The cost of providing basic facilities such as a w.c. contiguous to the house with indoor sink and water supply can often be very expensive and not in line with long term general policy for providing improved and modern facilities.
- (3) Statutory enforcement of the repair of unfit houses under the Housing Act is limited by the reasonable cost factor and to rebuild sculleries, provide basic facilities and carry out essential repairs can incur a cost equal to the investment value of the premises.
- (4) The Improvement Grant system provides for the long term improvement and modernisation of houses. This requires that each house should have a bath, hot water, wash-hand basin, internal w.c. sink and food storage facilities and also incurs the necessity of carrying out certain essential repairs.

The real answer to this problem is the greater use of the Improvement Grant facilities provided for owners and it is regretted that greater advantage is not being taken in respect of the availability of the Grant.



Some difficulty was experienced during the year in having premises demolished and the sites cleared when condemned properties became vacant. This problem is aggravated by the dangerous condition that often arises when buildings are void for any length of time, the subsequent damage and deterioration that takes place being sometimes unbelievable.

### **Moveable Dwellings.**

During the year 2 caravans used for regular habitation were reported, but no action was taken under the appropriate section of the Public Health Act. Approval was given under Town Planning for a limited number of caravans on the site.

### **Rent Act.**

One Certificate of Disrepair was cancelled, another application for cancellation was refused and one Undertaking accepted.

It is regrettable that the provisions of the Rent Act which can be a useful method for the repair of houses and renewal of fittings are not put to more use. It does appear that the tenants of houses are afraid of taking direct action against their owners, the involved procedure required of the tenants acting as a considerable deterrent.

### **Shops Act, 1950.**

Within the Urban District there are 110 shops of these 63% retail food stuffs. Several shops combine several trades within their business but the remaining shops can be mainly classified under the following headings :—

Hairdresser	..	..	..	..	5
Hardware ..	..	..	..	..	8
Draper ..	..	..	..	..	5
Shoe repairers	..	..	..	..	3
Cleaners ..	..	..	..	..	1
Antiques ..	..	..	..	..	1
Florists ..	..	..	..	..	1
Post Office ..	..	..	..	..	1
Garages ..	..	..	..	..	9
Coal Merchants	..	..	..	..	5
Pet Food Shop	..	..	..	..	1
Newsagents	..	..	..	..	2



Regular inspections have been made of all shop premises during the year. These are mainly carried out in conjunction with other work under the Public Health Act and Food and Drugs Act.

No extreme contraventions have been observed during the year to warrant statutory action. Informal action has resulted in the provision of new lavatory accommodation at a garage. At two other premises, the provisions of the hours of work by young persons were brought into accordance with the requirements.

In my discussions with shopkeepers I find that the most contentious subject of complaint is the restriction in the week-day hours of trading, and that the selling of prohibited articles by some shopkeepers on half-day closing, Sundays and after general closing hours allowed for non-perishable articles is open to abuse. Another aspect of the legislation on which they complain most bitterly is in respect of the shopkeeper who has to close his door at a fixed hour, depending on what he sells and the mobile trader who does business at almost any hour of the day or night.

### **Sanitary Accommodation and Drainage.**

During the year some progress has been made towards the elimination of the remaining waste water and pail closets. 2 waste water and 3 pail closets were eliminated through demolition action under the Housing Act. Undertakings under the Housing Act, given by owners during the year, will also reduce the number of pail closets by a further 4 when the schemes are completed. Of the remaining waste water closets a considerable proportion of these fittings are in houses which will be subject to Demolition Orders within the next few years.

I consider that the abolition of these types of convenience is a matter of vital importance in this modern age when health and hygiene issues are being brought to the notice of the public in so many different ways. These unpleasant, insanitary, obsolete fittings should be eliminated and their retention not countenanced for financial reasons.

During the year it was found necessary to report on the difficulties that arise when domestic septic tank systems break down. This usually occurs through occupiers not understanding how these installations function. Their breakdown is a more gradual process than a simple blocked drain and the remedial

work is much more expensive. The breakdown of these fittings is usually due to the soakaways becoming choked and silted up with the result that the whole system breaks down. The only long term solution to this problem is the provision of sewers in Perton Road, Pattingham Road, Keepers Lane, Wergs Lane, Road and Grove Lane.

The blockage of drains when several houses are involved often creates a very unpleasant situation as it invariably happens that one household has all the nuisance from the defect. The procedure for having the necessary works completed is that, Informal notices are sent to all the owners of the properties affected. If that does not have the desired effect, it is necessary to report to the Public Health Committee for authority to serve Statutory Notice under the Public Health Act. These two primary steps in the procedure can involve a considerable amount of work and the conditions arising from the defect can be serious. Often the only work required is for a workman to rod the drains, often involving less than half an hours labour.

I am of the opinion that a case can be made out for simple drain blockages to be cleared by the Council's workpeople. I feel that such a service would be appreciated by the average rate-payer and prevent serious nuisance arising.

The following figures give a summary of the various types of sanitary convenience other than modern type water closets which were in use at the end of 1959.

Waste water closets	..	..	16
Pail closets	..	..	5
Septic tank systems	..	..	70 approximately.

### **Swimming Baths.**

There is only one small swimming bath within the district under the control of a school and the chemical analysis of the water has been found satisfactory.

**FOOD INSPECTION AND HYGIENE.****Meat Inspection.**

The following table gives the number of animals slaughtered and percentages of number affected with disease :—

**Carcases and offal inspected and condemned in whole or in part.**

	Cattle, excluding Cows.	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed (if known) ..	310	Nil	1	3774	1227	Nil
Number inspected .. ..	310	Nil	1	3774	1227	Nil
<b>All diseases except Tuberculosis and Cysticerci.</b>						
Whole carcases condemned ..	Nil	Nil	Nil	Nil	2	Nil
Carcases of which some part of organ was condemned ..	37	Nil	Nil	18	8	Nil
Percentage of the number inspected affected with dis- ease other than Tuberculosis and Cysticerci .. ..	11.9	Nil	Nil	0.3	0.8	Nil
<b>Tuberculosis only.</b>						
Whole carcases condemned ..	Nil	Nil	Nil	Nil	Nil	Nil
Carcases of which some part or organ was condemned ..	6	Nil	Nil	Nil	20	Nil
Percentage of the number of inspected affected with Tuberculosis .. ..	1.9	Nil	Nil	Nil	1.6	Nil
<b>Cysticercosis.</b>						
Carcases of which part or organ was condemned .. ..	Nil	Nil	Nil	Nil	Nil	Nil
Carcases submitted for treat- ment by refrigeration ..	Nil	Nil	Nil	Nil	Nil	Nil
Generalised and totally con- demned .. .. .	Nil	Nil	Nil	Nil	Nil	Nil



Outside of trimmings and strippings the following were condemned :—

125 lbs. of meat.

747 lbs. of offal.

This was disposed of by incineration or by delivering to the digester plant at Wolverhampton Abattoir.

A 100% inspection of carcasses was maintained. The total number of animals killed increased by approximately one quarter over the previous year.

The major part of the meat inspection duties were carried on outside of normal office hours. This was necessary on 121 evenings, 5 Saturday afternoons and 10 Sunday mornings.

The annual licences for the three slaughterhouses were renewed during the year.

The premises have been maintained in a clean condition and the work is carried on in a satisfactory and humane manner.

Only one complaint has been received during the year regarding one of the slaughterhouse premises and this on investigation was found to be without justification.

New Regulations came into force during the year which will greatly affect the future use and number of slaughterhouses throughout the country.

They include hygiene regulations which relate to construction, arrangement, accommodation, lighting, ventilation, cleanliness, repair, drainage and water supply, equipment, fittings and hygienic practices.

Prevention of cruelty will cover lairage construction, animal drinking, feeding, equipment, bedding and fractious animals.

Parts of the Regulations will not come into operation until the Ministry have had the opportunity to consider all the Slaughterhouse Reports for each area.

### **Slaughter of Animals Act, 1933—1954.**

Eleven licences to slaughter animals were renewed during the year.



## Food Inspection.

Regular inspection of all foodstuffs is carried out at shops, storeplaces, food preparing premises and on vehicles.

The following articles were condemned during the year :—

4 tins of Pineapple chunks.  
 1 tin of Grapefruit.  
 14 tins of Peaches.  
 1 tin of Prunes.  
 1 tin of Fruit Cocktail.  
 1 tin of Cherries.  
 6 tins of Cherry Puree.  
 44 tins of Tomatoes.  
 10 Bresse Bleu Cheeses.  
 15 tins of Fondue.  
 8 tins of Ham.  
 1 Veal and Ham Pie.  
 1 part Veal and Ham Pie.  
 1 tin of Ox Tongue.  
 3 tins of Bovril Corned Beef.  
 1 tin of Chopped Pork.  
 3 Calves livers.  
 2 Lambs livers.  
 1 Pig and Offal.  
 1 tin and 11 lbs. of Salmon.

No statutory action was found necessary during the year in respect of unsound food.

## Ice-Cream and Ice-Lollies.

Three samples of ice-lolly were submitted for examination with the following results.

No. of samples submitted.	Plate Count per c.c.				B. Coli Content.	
	Under 10	10 to 100	100 to 1000	1000 plus	Nil in 0.3 c.c.	Present in 0.3 c.c.
3	2	1	—	—	3	—

Only one sample of ice-cream was submitted for examination and this was found to be satisfactory in Grade 1.

### **Food Premises.**

The following table gives the various types of food business carried on throughout the district. In some instances some premises carry on different types of business :—

<i>Type of Business.</i>	<i>No.</i>
Canteens and premises where meals are prepared ..	23
Fried Fish Shops .. .. .	2
Butchers .. .. .	11
Grocers .. .. .	44
Shops selling sweets and confectionery ..	10
Chemists .. .. .	3
Licensed premises .. .. .	22
Off licence premises .. .. .	3
Slaughterhouses .. .. .	2
Premises Registered for the manufacture of sausage, or potted, pressed, pickled, or preserved food ..	4
Shops selling milk .. .. .	18
Shops retailing ice-cream .. .. .	33
Licensed Game Dealer .. .. .	1

The main purpose of the Food Hygiene Regulations is the production and sale to the public of clean safe food. It is with this main purpose that the department endeavours to make regular visits to all types of food premises. Since the introduction of the Regulations in 1955, considerable work has been done to raise the standard of all food premises, and bring them into line with the requirements. But constant vigilance is still required to bring home to tradespeople the need for constant care and cleanliness in food handling and its associated activities. Every effort is made to bring to the attention of food handlers infringements of the Regulations and minor improvements that might be carried out to raise the general standard.

### **Inspections.**

During the year only 18 informal notices and 1 Statutory notice were served. This in no way fully represents all the varied activities such as, distribution of hygiene posters and literature, advice given on hygiene to mobile shops, delivery vans, shops, handling and preparation rooms, and in discussions with owners,

managers and assistants. I often wonder whether some of the persons engaged in food handling ever realise the important part they play in food handling and the effects that untidy and bad personal habits can have on the products they handle.

I am confident that with co-operation, goodwill of staff and management and a good standard set by persons in control, that general improvement in all aspects of food hygiene can be maintained and bettered.

### Milk.

There is little to report other than routine work on milk supplies. Only bottled Designated milk is sold within the area. There are no dairy plants within the district and it is safe to conclude that the milk retailed in the district is safe for human consumption without further treatment.

The following table gives a summary of licences issued to Distributors in the area.

Designation.	Supplementary Licences.	Dealer's Licences.	Total.
Tuberculin Tested ..	5	1	6
Pasteurised .. ..	5	2	7
Sterilised .. ..	5	17	22

The results of bacteriological examinations of samples of milk taken within the district and examined by the Public Health Laboratory Service are set out in the following table:—

Designation.	No. of samples submitted.	Phenol-phthalein.		Phosphatase.		Turbidity		Methylene Blue.	
		Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail
Tuberculin Tested ..	3	—	—	—	—	—	—	3	—
T.T. (Past.)	18	—	—	18	—	—	—	14*	—
Pasteurised ..	11	—	—	11	—	—	—	9*	—
Sterilised ..	11	—	—	—	—	11	—	—	—

\* 2 remaining colour tests void owing to high Atmospheric Shade Temperature.

\* 4 remaining colour tests void owing to high Atmospheric Shade Temperature.

FOOD AND DRUGS ACT, 1955.

I am indebted to the Chief Inspector of the County Council for the following information regarding samples of food taken in Tettenhall.

Details of Milk and General Foods taken during 1959.

Articles of Food.	No. Samples.	Satisfactory.	Unsatisfactory
Milk .. .. .	13	13	—
General Foods .. .	28	27	1

Details are set out as follows :—

Milk.

T.T. Pasteurised .. .	6
Pasteurised .. .	3
Sterilised .. .	4
	13 All Genuine.

General Foods.

Number of samples taken ..	28
Number of samples genuine ..	27
Number of samples adulterated	1

Particulars of Adulterated Sample.

2 C/S—Butter Fruit Cake—Formal.

Amount of butter fat present slightly less than half the fat. Fat present in sample sold under this description should consist wholly of butter-fat.

Formal repeat sample genuine.



**Classification of General Foods.**

Orange Bitters.	Kwic-Bru.
Dried Yeast.	Dried Skim Milk.
Ground Cloves.	Chinese Birds Nest Soup.
Glucose.	Night Food Beverages.
Garlic Flakes.	Buttered Rum Truffles.
Pork Sausage containing pre- servative.	Tea (2 samples).
Instant Clear Chicken Soupmix.	Calf's Foot Jelly.
Crystallized Fruit.	Savoury Spread with Gorgan- zola.
Ground Almonds.	Strawberries in Syrup.
Butter Fruit Cake.	White Peaches.
French Wine Vinegar.	Prawns.
Goat Cheese.	Condensed Full Cream Milk.
Chop Suey.	Pork Sausage.
Natural Snails.	

**CLEAN AIR.**

The work of surveying the proposed Smoke Control Area in the western part of the district was completed during the year.

The estimates of expenditure for the necessary work of alteration and adaption were forwarded to the Ministry.

Much has been spoken and written about the need for a cleaner atmosphere and it is generally accepted that smoke can be harmful to health and I am of the opinion that the general reaction to the proposed scheme by the householders was generally very favourable. There is however some prejudice by a minority to an alteration of their ideas about the elimination of burning raw coal in open fires. This means of heating, though wasteful, dirty and uneconomic is still an accepted part of their life. I feel certain that in the next few years the acceptance of smokeless fuels and different types of domestic fireplaces and heating units will come much more to the fore and be generally accepted by the public.

**ROUTINE INSPECTION WORK.**

Summary of the inspection work carried out during the year is given in the following table :—

Type of Premises Inspected.	Number of Inspections.
Water, Drainage and Sanitary Services .. .. .	117
Refuse .. .. .	51
Rodent Control .. .. .	670
Repairs to Premises .. .. .	141
Food Premises .. .. .	197
Meat Inspection .. .. .	513
Infectious Disease .. .. .	85
Shops other than Food Premises .. .. .	45
Factories .. .. .	49
Dairies .. .. .	31
Housing Acts .. .. .	214
Clean Air Act .. .. .	93
Miscellaneous .. .. .	117
Total .. .. .	2323

## GENERAL INFORMATION REGARDING NOTICES SERVED DURING THE YEAR.

Form of Notice.	No. Served.	Premises.	Defects.
<b>Informal :</b>			
General Sanitary Defects	177	221	237
<b>Statutory :</b>			
Defects    ..    ..    ..	15	9	18

No legal proceedings were taken during the year.

In addition by informal action 194 dustbins were provided to private houses.

## RODENT CONTROL.

This work is carried out by Mr. A. Lockley on a part-time basis for the Department and is done in accordance with the Ministry's recommendations.

During the year under review, treatment was carried out at 233 premises. Treatments were also carried out regularly at the Council's refuse tip, and at Black Brook sewage farm when necessary.

The annual test-baiting of sewers was carried out when 105 manholes were test-baited with five resultant takes, further poison baiting of 27 manholes resulted in negative takes being recorded.

No statutory action was found necessary, only 7 informal notices being served for the carrying out of works to prevent further infestation.

The main cause of infestation of domestic premises appears to be the result of occupiers misguidedly depositing waste food in gardens for the benefit of birds, and the rodents taking cover under garden sheds near their source of food supply. Considerable difficulty was experienced in eliminating infestations in roof spaces of 7 houses. This was found most difficult until the source of the infestations was eventually found outside the houses affected.

### **PEST CONTROL.**

No serious nuisance occurred under this heading. 29 treatments were carried out by the department for infestations of wasps, crickets, flies and bird mites. A considerable proportion of work is involved in giving advice to householder on the elimination of minor infestations of various types of insects. Often enough the insects do not spread disease but they can often become unpleasant and troublesome and when not tackled in the early stages of infestation can be most difficult to eliminate.

### **FACTORIES ACTS, 1937 AND 1959.**

The report of the Factories Acts inspections made during the year is appended.

### **MISCELLANEOUS.**

Disinfection of books is carried out as required for the Tettenhall Wood Library following cases of Infectious Disease.

### **Pet Animals Act, 1951.**

No action was found necessary during the year.

### **Heating Appliances (Fireguards) Reg. 33.**

No action was taken during the year.

I would like to express my thanks to Dr. F. B. Mackenzie, Mr. G. I. Hyslop, Miss V. Williams and Mr. A. Lockley for their support and assistance throughout the year.

E. BARNES.

*Public Health Inspector.*



**FACTORIES ACTS, 1937 TO 1959.****Part 1 of the Factories Act, 1937.**

1. Inspections for purposes of provisions as to health (including inspections made by Public Health Inspectors).

Premises. (1)	Number on Register. (2)	Number of		
		Inspections. (3)	Written Notices. (4)	Occupiers Prosecuted. (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities ..	3	1	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority ..	17	25	2	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	20	23	1	—
Total .. ..	40	49	3	—

## 2. Cases in which defects were found.

Particulars.  (1)	No. of Cases in which Defects were found				No. of cases in which prosecutions were instituted. (6)
	Found.  (2)	Reme- died.  (3)	Referred		
			To H.M. Inspector. (4)	By H.M. Inspector. (5)	
Want of cleanliness (S.1) .. ..	—	—	—	—	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable tem- perature (S.3) ..	—	—	—	—	—
Inadequate ventila- tion (S.4).. ..	—	—	—	—	—
Ineffective drainage of floors (S.6) ..	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient ..	—	—	—	—	—
(b) Unsuitable or defective ..	2	2	—	—	—
(c) Not separate for sexes .. ..	—	—	—	—	—
Other offences against the Act (not in- cluding offences re- lating to Outwork)	—	—	—	—	—
Total .. ..	2	2	—	—	—

Part VIII of the Act. Outwork.

Section 110.			Section 111.		
No. of out-workers in August list required by Section 110(1) (c). (1)	No. of cases of default in sending lists to the Council. (2)	No. of prosecutions for failure to supply lists. (3)	No. of instances of work in unwholesome premises. (4)	Notices served (5)	Prosecutions. (6)
—	—	—	—	—	—











